

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

PHYSICIAN PEER REVIEW

**IHSC Directive: 01-11
ERO Directive Number: 11710.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: 25 Mar 2016**

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

- 1. PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for conducting peer reviews on physicians supporting the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC). Reports are produced to reduce morbidity and mortality within IHSC as well as to enhance physician professional development.
- 2. APPLICABILITY:** This directive applies to all physicians assigned to IHSC supporting health care operations in IHSC-controlled facilities.
- 3. AUTHORITIES AND REFERENCES:**
 - 3-1.** Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal.
 - 3-2.** Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 USC § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-3.** Title 8, Code of Federal Regulations, Section 232 ([8 CFR § 232](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-4.** Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) ([42 USC § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons.
 - 3-5.** Title 42, U.S. Code, Section 252 ([42 USC § 252](#)), Medical Examination of Aliens.
 - 3-6.** Medical Quality Management Instruction; DHS Instruction Number 248-01-001 (September 10, 2012).

4. **POLICY:** The IHSC Associate Medical Director (AMD) or designee conducts initial peer reviews for physicians six (6) months after hire and then every twelve (12) months thereafter. For purposes of this policy, the term “peer” refers to any practitioner who possesses the same or similar knowledge and training in a medical specialty as the physician whose care is the subject of review. A log listing the names of the individuals being reviewed and the dates of their reviews will be kept by the IHSC Credentialing Unit in Headquarters and will be available to the facility upon request. Reviewers are physicians assigned to IHSC.

4-1. Review Periods. The AMD designates a physician reviewer who conducts the initial peer review at the completion of six (6) months of employment with IHSC. Subsequent peer reviews are due twelve (12) months after the initial review. The reviewing physician conducts the evaluation in accordance with instructions found in the *IHSC Physician Peer Review Guide*. The reviewing physician documents the medical record reviewed on the IHSC Physician Quality Peer Review Instrument found in Appendix A of the *IHSC Physician Peer Review Guide*. The review process may be directed more frequently, as needed. The AMD coordinates and schedules the reviews.

4-2. Advance Preparation and Notification. The IHSC credentialing office submits the names of the physicians who require a peer review to the AMD sixty (60) days prior to the date for renewal of privileges. The AMD or designee sends a notification letter to each physician informing them that a peer review will be conducted within the next forty five (45) days. The AMD or designee conducts the review.

- a. Clinical Directors: Approximately sixty (60) days prior to the date of the review, the AMD assigns a physician, usually one of the Regional Clinical Directors (RCDs), to travel to the facility and conduct the peer review. In the event travel is not approved, the peer review will consist of a chart review only through the electronic health record in accordance with the Physician Peer Review Guide, Section III, Peer Review Process.
- b. The AMD sends a memo (see *IHSC Physician Peer Review Guide, Appendix B*) and a copy of the agenda (see *IHSC Physician Peer Review Guide, Appendix C*) to the respective facility's Health Services Administrator (HSA) and the physician, informing them of the upcoming review. Shortly thereafter, the reviewer negotiates a specific date for the review.
- c. Two weeks prior to the review, the reviewing physician contacts the HSA and the physician, who is under review, to confirm the date and time of the review and interviews, if appropriate.

- d. Staff physicians: For staff physicians, a site visit is not required. Approximately sixty (60) days prior to the date of the review, the IHSC AMD assigns a physician, usually one of the RCDs, to conduct the peer review and complete the chart review through the detainee's health record in accordance with the *IHSC Physician Peer Review Guide*, Section III, Peer Review Process.

4-3. Clinical Directors On-Site Day of Review. For detailed requirements of responsibilities and processes for the on-site review, see Section II the *IHSC Physician Peer Review Guide*.

4-4. Findings. The process is designed to be transparent to the physician being reviewed in order to facilitate discussion and clarify information. Findings are recorded and reported on the IHSC Peer Review Report Form (Appendix E - Physician Peer Review Guide). The reviewer relays the findings to the physician at the end of the review day (should be at least fourteen (14) days prior to expiration of the current clinical privileges end date). The document is maintained as provided in the Employee Performance File System of Records, 65 Federal Register (Fed. Reg.) 24732 (April 27, 2000). Clinical performance enhancement reviews are kept confidential and incorporate, at a minimum, the following elements: the name of the individual being reviewed, the date of the review, the name and credentials of the reviewer, a summary of the findings and corrective action, if any, and confirmation that the review was shared with the individual being reviewed (see appendix D and E).

- a. Review and Action Plan. The review includes discussion and plans for improvement in any areas that are determined to be deficient. Negative findings are used to help identify and educate the physician in areas where improvement is warranted. A corrective action plan is required if the criteria compliance is below ninety (90) percent overall or eighty-five (85) percent in one criteria. The physicians being reviewed are notified of all results and provided time to explain any negative results. Opportunities for improvement and/or retraining are made available to the physician being reviewed on a reasonable basis as determined by the AMD. All reports and forms used are maintained by the AMD in a locked cabinet.
- b. Determination of Findings. Upon completion and review of the peer review report, the AMD or designee submits a letter to the credentialing office confirming that the peer review has been completed. The letter indicating completion of peer review is included as part of the privileging packet (Appendix F - Physician Peer Review Letter) and is submitted to the AMD for re-privileging.

- c. Unsatisfactory Findings. If a peer review is unsatisfactory or there are serious concerns about any individual's competence, the AMD or designee develops and implements an independent review and a corrective action plan to improve competence when such action is necessary. A subsequent medical record review is conducted within a three (3) to six (6) month period. If, upon observation, a practitioner's performance places patients in danger or appears to put the patient in harm's way, or if the quality of care is compromised, the IHSC AMD will consider whether to make a recommendation to the IHSC Medical Director to restrict or revoke clinical privileges and initiate a request for an investigation in accordance with the IHSC Bylaws of the Medical Staff, Article VII.

5. **PROCEDURES:** See the *IHSC Physician Peer Review Guide*.

6. **HISTORICAL NOTES:** This document replaces IHSC Directive 01-11 dated 10 April 2015. Changes were made to section 4-4 and 4-4c. Definitions were also added.

7. **DEFINITIONS:**

Associate Medical Director – The Associate Medical Director provides oversight of dental and pharmacy operations, as well as the management of the Chief Nurse, Chief Mid-Level Provider, and the Regional Clinical Directors. He or she leads the group responsible for reviewing and validating clinical practice guidelines and health care policy and procedures. (IHSC Operational Definition)

Clinical Director (CD) – The Clinical Director is a physician and is the clinical medical authority at a specific facility. Duties include clinically supervising the Staff Physician (if applicable) and mid-level providers, evaluating patient care through an ongoing quality assurance program, providing training and mentoring to health care staff, and evaluating and treating medically complex patients. The CD is board certified in family medicine, internal medicine, or related primary care specialty to maintain employment. (IHSC Operational Definition)

Peer Review/Clinical Performance Enhancement - This is the process of having a health professional's work reviewed by another professional of at least equal training in the same general discipline. The HSA must maintain a log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews shall be available.

8. **APPLICABLE STANDARDS:**

8-1. **Performance-Based National Detention Standards (PBNDS) 2011:**
Section 4.3 *Medical Care*, BB. *Administration of the Medical Department*, 3. *Peer Review*

8-2. American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition
(1) 4-ALDF-4D-25 *Peer Review*
- b. Standards for Adult Correctional Institutions, 4th edition
(1) 4-4411 *Peer Review*
- c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions
(1) 1-HC-4A-04 *Peer Review*

8-3. National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2014: J-C-02 *Clinical Performance Enhancement*

- 9. PRIVACY AND RECORDKEEPING.** IHSC stores, retrieves, accesses, retains, and disposes of these records in accordance with the Privacy Act and as provided in the Alien Medical Records System of Records Notice, 80 Fed. Reg. 239 (January 5, 2015). The records in the electronic health record (eHR)/eClinical Works (eCW) are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ. Paper records are scanned into eHR and are destroyed after upload is complete.

Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- 9-1.** Staff must keep all health records, whether electronic or paper, secure with access limited only to those with a need to know. Staff should lock paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2.** Staff are trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.
- 9-3.** Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.
- 9-4.** Staff should reference the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at:
(b)(7)(E)
when additional information is needed concerning safeguard sensitive PII

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.